



Department of Veterans Affairs

**REQUEST FOR DETERMINATION OF LOAN GUARANTY
ELIGIBILITY- UNREMARIED SURVIVING SPOUSES**

PRIVACY ACT INFORMATION: No Certificate of Eligibility may be issued unless a completed application form has been received (38 U.S.C. 3702). You are not required to furnish the information, but are urged to do so, since it is vital for proper action by VA in your case. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 55VA26, Loan Guaranty Home, Condominium and Manufactured Home Loan Applicant Records, Specially Adapted Housing Applicant Records, and Vendee Loan Applicant Records - VA, published in the Federal Register.

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average ¼ hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (723), 810 Vermont Avenue, NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0055), Washington, DC 20503. Do NOT send requests for benefits to these addresses.

IMPORTANT: Do not complete this form if you are requesting restoration of previously used entitlement. Instead, complete VA Form 26-1880, Request for Determination of Eligibility and Available Loan Guaranty Entitlement, and return it to the nearest VA regional Office.

TO

Department of Veterans Affairs
Attn: Loan Guaranty Officer**PART I - (To be completed in triplicate by the applicant)**

1A. NAME AND ADDRESS OF APPLICANT <i>(Unremarried surviving spouse)</i>		5. FIRST, MIDDLE, LAST NAME OF VETERAN	
		6. VA FILE NO. XC-	7. LOCATION OF VA CLAIMS FILE <i>(If known)</i>
		8. VETERAN'S SERVICE NO.	9. VETERAN'S BRANCH OF SERVICE
1B. APPLICANT'S DAYTIME TELEPHONE NO. <i>(Including Area Code)</i> ()			
2..APPLICANT'S BIRTH DATE	3. HAS APPLICANT EVER BEEN REMARRIED SINCE DEATH OF VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		10. DATE OF VETERAN'S DEATH

NOTE: If you have had active military duty complete Items 4A, 4B and 4C below.

11. PERIODS OF DECEASED VETERAN'S MILITARY DUTY

4A. BRANCH OF SERVICE	4B. SERVICE NUMBER	A. FROM	B. TO
4C. PERIODS OF SERVICE			

12A. HAVE YOU PREVIOUSLY APPLIED FOR DETERMINATION OF YOUR ELIGIBILITY FOR LOAN? GUARANTY BENEFITS <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 12B)</i>	LOCATION OF VA OFFICE 12B.
13A. HAVE YOU PREVIOUSLY RECEIVED A CERTIFICATE OF ELIGIBILITY FOR SUCH BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 13B)</i>	13B.
14A. HAVE YOU PREVIOUSLY SECURED A VA DIRECT, GUARANTEED OR INSURED LOAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 14B)</i>	14B.

CERTIFICATION: I CERTIFY THAT the above information is true and accurate to the best of my knowledge and belief.

SIGNATURE OF APPLICANT <i>(Unremarried surviving spouse)</i>	18. DATE
--	----------

Federal statutes provide severe penalties for fraud, intentional misrepresentation or criminal connivance or conspiracy to influence the issuance of my guaranty or insurance or the granting of any loan by the Department of Veterans Affairs.

PART II - FOR VA USE ONLY**SECTION A**

TO <i>(Complete address)</i>	Adjudication Officer Department of Veterans Affairs Regional Office/Center	RETURN TO <i>(After completion of Section B)</i>	Loan Guaranty Officer Department of Veterans Affairs Regional Office/Center
---------------------------------	--	--	---

The foregoing request for determination of eligibility is forwarded to you for appropriate action and completion of Section B.	17. SIGNATURE OF LOAN GUARANTY OFFICER OR DESIGNEE	18. DATE
--	--	----------

SECTION B

19A. CHECK APPROPRIATE BOX(ES) <input type="checkbox"/> THE ABOVE NAMED DECEASED VETERAN SERVED ON ACTIVE DUTY AS DEFINED IN 38 U.S.C. 101(21) AND SERVED DURING A PERIOD OF SERVICE SPECIFIED IN 38 U.S.C. 3702 AND IT HAS BEEN DETERMINED THAT DEATH WAS FROM A SERVICE-CONNECTED DISABILITY. THE ABOVE NAMED APPLICANT IS RECOGNIZED AS THE UNREMARIED SURVIVING SPOUSE <input type="checkbox"/> APPLICANT IS NOT ELIGIBLE <i>(If checked, complete Item 19B)</i>	19B. REASON APPLICANT NOT ELIGIBLE	
20. SIGNATURE	21. TITLE	22. DATE